

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

04946

Reg. Dist. No. 116

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County.....

Dorchester

City or town.....

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

70 years

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Mary M. Adams

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Divorced

6. (b) Name of husband or wife.....

Wm T. Adams

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

Dec. 19 - 1874

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace.....

Chesapeake County

(Town, county, and state)

10. Usual occupation.....

Practical Nursing

11. Industry or business

Harrison Meats

12. Name.....

13. Birthplace.....

Dor Co.

14. Maiden name.....

Eunice - last name unknown

15. Birthplace.....

Dor Co.

16. Informant.....

Russell S. Adams

Address.....

Leaves, del

17. Burial

Date thereof.....

May 11-48

(Burial, cremation, or removal, when)

(month) (day) (year)

Cemetery or crematory.....

East New Market

Location.....

East New Market, Md.

18. Funeral director.....

Kenneth R. Stevens

Address.....

Cambridge, Md.

19. Date rec'd by registrar.....

May 4-48 John Moore

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Dorchester

City or town.....

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Church St

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

May 9 1948 at 2:15 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

2-3-

1948

to

May 9

1948

and that I last saw her alive on

5-9-48

1948

Immediate cause of death.....

Coronary Occlusion

Due to.....

Coronary Thrombosis

DURATION

20 Min

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

None

Date of op.....

Autopsy results.....

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Lawrence Maryanov

Injured at work?

23. SIGNATURE

Lawrence Maryanov, M.D.

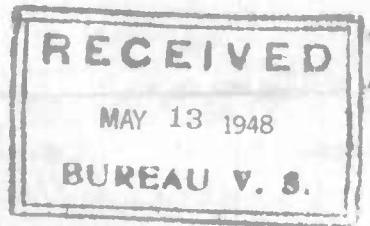
M. D. or other

Address.....

136 Race Street, Cambridge, Md.

Date signed.....

5-10-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

04947

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

Dorchester

County

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution?

3. (a) FULL NAME

Emma Grey Andrews

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

James E. Andrews

(Died 1941)

6.(c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

Feb. 27, 1878

8. AGE:

Years

70

Months

3

Days

2

It less than one day

hrs.

min.

9. Birthplace

Delaware

(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

Home

MOTHER

FATHER

Joshua Grey

13. Birthplace

Delaware

14. Maiden name

Charlotte Collins

15. Birthplace

Delaware

16. Informant

Mr. James E. Andrews, Jr.

Address Cambridge, Maryland.

Burial

Date thereof June 1, 1948
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Greenlawn Cemetery

Cemetery or crematory

Location Cambridge, Maryland.

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland.

19. (Date issued by registrar)

June 1, 1948

John D. Masey, Jr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County

Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. Glenburn Ave. (311)

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 29, 1948

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

9 APRIL 1948 to 29 MAY 1948

and that I last saw her alive on 29 MAY 1948

Immediate cause of death

CARDIOVASCULAR-RENAL

DISEASE

Due to HYPER TENSION

Due to

Other conditions GALL BLADDER

DISEASE

(Include pregnancy within 3 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John D. Masey, Jr.

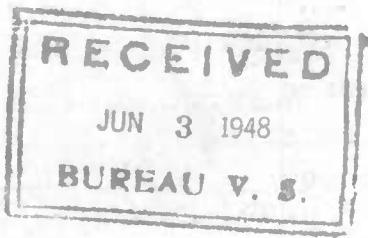
Registrar

Date signed

M. D. or other

John D. Masey, Jr.

Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04948

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County

Baltimore

City or town

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

9 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

James Tilghman Baker

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white married
Earth King Baker

6. (b) Name of husband or wife

6. (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.)

May 10 - 1884

8. AGE:

Tears

Months

Days

If less than one day

9. Birthplace

From Anne Co. Maryland

(Town, county, and state)

10. Usual occupation

11. Industry or business

Watermen, Farmers, Lumber

12. Name

13. Birthplace

Delaware

14. Maiden name

Amanda Johnson

15. Birthplace

Delaware

16. Informant

Address

Mrs Earth King Baker
113 Rue de l'Eau St. Cambridge, Md.

17. (Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

Date

M.D. or other

Address

Date signed

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County

City or town

Cambridge

Street No.

113 Rue de l'Eau St

(If rural, give LOCATION)

no

2.(a) If veteran, name war

3. (b) Social Security Number

318-05-4267

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 16 1948 at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 16 1948 to May 18 1948

and that I last saw him alive on May 18 1948

Immediate cause of death

Coronary Thrombosis

Due to

Inflammation

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

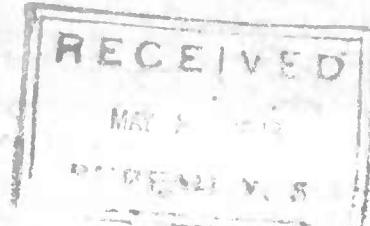
23. SIGNATURE

John M. Murphy, M.D.

M. D. or other

Address

Greenbush, Md. Date signed May 17



6. Locust St.
Mace



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04950

83a

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

25 High St.

How long in hospital or institution? - - -

3. (a) FULL NAME

Frederick A. Brannock

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Lillie T. Brannock

7. Birth date of deceased (mo., day, yr.)

March 23, 1893

6.(c) If alive, give age 47 years

8. AGE:

Years
55Months
1Days
15If less than one day
hrs. min.

9. Birthplace

Cambridge, Maryland

(Town, county, and state)

10. Usual occupation

Merchant

11. Industry or business

Confectionary

MOTHER FATHER

12. Name R. Frank Brannock

13. Birthplace

Maryland

14. Maiden name

Ella Wood

15. Birthplace

Maryland

16. Informant

Mrs. Lillie Brannock

Address

Cambridge, Maryland.

17. Burial

Date thereof May 11, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Dorchester Memorial Park

Location

Cambridge, Maryland.

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland.

19. (Date rec'd by registrar)

May 11, 1948 John M. M. M.D.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 25 High St.

(If rural, give LOCATION)
World War I

2.(a) If veteran, name war.

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8,

1948 at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 7, 1948, to May 8, 1948, and that I last saw him alive on May 8, 1948.

Immediate cause of death

Cerebral Hemorrhage
(External)

DURATION

36 hrs

Due to

High fever

Due to

Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide...

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Robert E. Brannock M.D. or other

Address

Date signed 5-10-1948



M PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04951

97

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 22 days

Hospital, Institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 22 days

3. (a) FULL NAME

William Otto Brown

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

male

white

married

6.(b) Name of husband or wife

Annie LeCates

6.(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.)

August 13, 1874

8. AGE:

Years
73Months
9

Days

It less than one day

hrs.

min.

9. Birthplace

Deal Island, Md.

(Town, county, and state)

10. Usual occupation

waterman

11. Industry or business

MOTHER FATHER

12. Name Adolphus Gustavus Brown

13. Birthplace Switzerland

MOTHER FATHER

14. Maiden name Louisa Thomas

15. Birthplace Deal Island, Md.

16. Informant Eastern Shore State Hospital Records

Address Cambridge, Maryland

17. Burial

Date thereof May 16, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Deal Island Cemetery

Location Deal Island, Maryland

18. Funeral director

W. G. Webster

Address

Deal Island, Md

19. Date rec'd by registrar

May 14, 1948 John Macfay MD

Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Somerset

City or town Deal Island

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

214-12-6103

MEDICAL CERTIFICATION

2D. DATE OF DEATH

May 13

1948

at 7:20 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 21, 1948, to May 13, 1948,

and that I last saw him alive on May 13, 1948.

Immediate cause of death

Arteriosclerosis

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

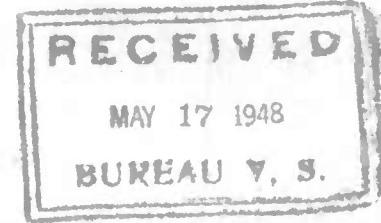
Means of injury

Injured at work?

23. SIGNATURE

Grace M. Branscombe, M.D. or other

Address E.S.S.H., Cambridge, Md. Date signed 5/13/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

122a

04952

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cambridge Md Hospital

How long in hospital or institution?

8 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

238 Race St.

(If rural, give LOCATION)

None

2.(a) If veteran, name war.

3. (b) Social Security Number

217-12-4996

3. (a) FULL NAME

Charles J. Coates

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white Widowed

6. (b) Name of husband or wife

Miss Coates

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

Jan 3 - 1870

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Bridgewater, Del.

(Town, County, and state)

10. Usual occupation

Farmer

11. Industry or business

Wise J. Coates

MOTHER FATHER

12. Name

Wise J. Coates

13. Birthplace

Wise

14. Maiden name

Eleanor Lyden

15. Birthplace

Wise

16. Informant

Mrs Ely Blader

Address

6 Bladon St., Cambridge

17. Burial, cremation, or removal. Which?

Date thereof 5-31-48

Cemetery or crematory

East End Market

(month) (day) (year)

Location

East End Market, Md.

18. Funeral director

Kenneth R. Shoups

Address

Cambridge, Md.

19. 6-3-1948

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH

May 29 1948 at 12:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 12 1948 to May 29 1948
and that I last saw h. l. j. alive on May 29 1948

Immediate cause of death

Myocardial failure

Due to

arteriosclerosis

DURATION

4 hours

Due to

Other conditions Bilateral inguinal hernia
Amputation (hip) lower extremity
(Include pregnancy within 3 months of death)

Major findings of operations

Strangulated inguinal hernia

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

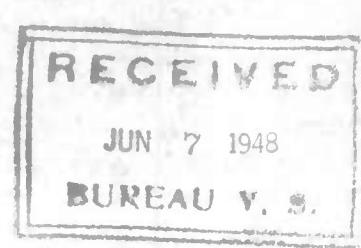
23. SIGNATURE

H. J. Banks

M. D. or other

Address Cambridge, Md. Date signed 6-1-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, like correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13102

04953

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... Dorchester

City or town..... rural near Cambridge

(If outside city or town limits, write RURAL and give nearest town)

14 days

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Eastern Shore State Hospital

14 days

How long in hospital or institution?

3. (a) FULL NAME

Marion Emerson Collins

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

married

8.(b) Name of husband or wife.....

Mary Marie Morris

7. Birth date of deceased (mo., day, yr.)

December 4, 1914

6.(c) If alive, give age.....

26

years

8. AGE:

Years
33Months
5Days
8If less than one day
....hrs.min.

9. Birthplace.....

RFD Trappe, Talbot County, Maryland

(Town, county, and state)

10. Usual occupation.....

laborer

11. Industry or business.....

agriculture

12. Name.....

Henry Tilghman Collins

13. Birthplace.....

Talbot County, Maryland

14. Maiden name.....

Sadie Caroline Saunders

15. Birthplace.....

Talbot County, Maryland

16. Informant.....

Eastern Shore State Hospital records

Address.....

Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?)

Burial Date thereof..... May 14 1948

(month) (day) (year)

Cemetery or crematory.....

Cemetery

Location.....

East New Market

18. Funeral director.....

Robert Bertrand May, M.D.

Address.....

Cambridge, Maryland

19. Date rec'd by registrar.....

May 14 1948 John MacAfee, M.D.

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Dorchester

City or town..... Secretary, RFD East New Market

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

218-07-0001

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 12

19 48, at 12:45 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 22

19 48 to May 12 19 48

and that I last saw h... im alive on May 11 19 48

Immediate cause of death.....

Chronic nephritis

DURATION

5 yrs.

Due to..... Hypertension (essential)

10 yrs.

Due to..... Chronic myocardial degeneration

5 yrs.

Other conditions..... Without psychosis, no mental condition present

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Robert Bertrand May, M.D.

injured at work?

23. SIGNATURE..... Robert Bertrand May, M.D.

Eastern Shore State Hospital M. D. or other

Address..... Cambridge, Maryland Date signed..... 5-12-48

RECEIVED

MAY 17 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04954
106C

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County DorchesterCity or town Rhodesdale - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 38 yearsHospital, institution, or street address where death occurred: Brookview

How long in hospital or institution?

3. (a) FULL NAME

Mary M. Collins

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Widowed

6.(b) Name of husband or wife

Cyrus J. Collins

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

November 15, 1870

8. AGE:

Years
77Months
3Days
18

If less than one day

hrs.

min.

9. Birthplace

Wicomico County, Maryland

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

FATHER

12. Name

Robert English

MOTHER

13. Birthplace

Wicomico County, Maryland

14. Maiden name

Dorothy Bennett

15. Birthplace

Wicomico County, Maryland

16. Informant

Mrs. Hattie Murphy

Address

Rhodesdale, Maryland, R.F.D.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof May 12, 1948
(month) (day) (year)

Cemetery or crematory

Brookview Cemetery

Location

Brookview, Maryland

18. Funeral director

J. F. Frampton & Son

Address

Teddytown, Maryland

19. Date rec'd by registrar

May 12 - 1948

(Date rec'd by registrar)

Health & Safety

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Rhodesdale - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Brookview

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 9, 1948 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr 4, 1948 to May 9, 1948and that I last saw her alive on May 8, 1948

Immediate cause of death

Pneumonia

DURATION

2 months

Due to

Due to

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. S. Kuhlmann

M. D. another

Address Harptree Rd Date signed 5/10/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1258

04955

CERTIFICATE OF DEATH

116

Reg. Dist. No.

1. PLACE OF DEATH:

Dorchester

County.....

Cambridge

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

38 Years

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution?.....

8 Months

3. (a) FULL NAME

Blanche C. Dean

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

May 24, 1893

8. AGE:

Years
54Months
11Days
25If less than one day
hrs. min.

9. Birthplace

James Island, Dor. Co., Md.
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

John Dean

13. Birthplace Maryland

14. Maiden name Martha Elizabeth Meekins

15. Birthplace Maryland

16. Informant Mr. Allen Lee Packard, Jr.

Address Cambridge, Maryland

17. Burial

Date thereof May 21, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. May 24, 1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County Dorchester

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

13 Muir St.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1948, at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 16, 1948, to May 18, 1948, and that I last saw her alive on May 18, 1948.

Immediate cause of death

Packard, Severe cerebral

Injury

Glucosuria

Hypoglycemia & acetone

Due to

Glucosuria?

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, list in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

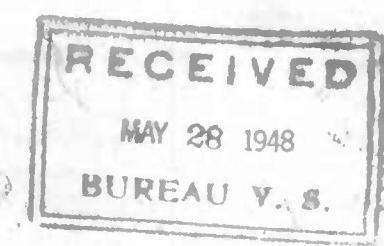
AS. SIGNATURE

M. D. or other

Address

Date signed

May 21, 1948



Dr. Steele

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04956

83a
116

Reg. Dist. No.

1. PLACE OF DEATH:

County Dorchester

City or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

RFD # 2

How long in hospital or institution? - - -

3. (a) FULL NAME

Earl W. Fooks

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

B. (b) Name of husband or wife Nellie C. Handley

7. Birth date of deceased (mo., day, yr.) March 17, 1890

6. (c) If alive, give age years

8. AGE: Years	Months	Days	If less than one day
58	2	2	hrs. min.

9. Birthplace Salem, Dor. Co., Maryland

(Town, county, and state)

10. Usual occupation Retired salesman

11. Industry or business Cigars & Tobacco

12. Name M. T. R. Fooks

13. Birthplace Maryland

14. Maiden name Ellen Wrightson

15. Birthplace Maryland

16. Informant Mrs. Nellie H. Fooks

Address Cambridge, Maryland

17. Burial Date thereof May 31, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory East New Market Cemetery

Location Cambridge, Maryland. RFD

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. May 31-1948
(Date rec'd by Registrar)John MacPhee
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. RFD # 2

(If rural, give LOCATION)

World War I

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 29, 48 at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3 in 10 AM on May 29, 1948, to 1 PM on May 30, 1948,

and that I last saw h. in life on May 29, 1948.

Immediate cause of death

Dise in lungs

Due to

Due to

Other conditions Complete top with forename

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

in

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

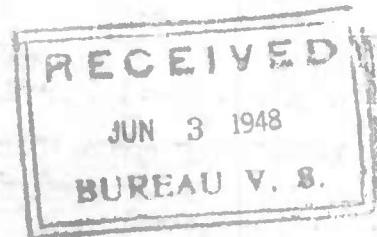
Means of injury

Injured at work?

23. SIGNATURE

Loy Stark

M. D. or other
Address Cambridge Md.
Date signed May 31-1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No. 116

93d
04957

CERTIFICATE OF DEATH

I. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution?

3. (a) FULL NAME

Pauline Baum Garner

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Daniel Garner

6. (c) If alive, give age 84 years

7. Birth date of deceased (mo. day. yr.)

Jan. 11, 1869

8. AGE:

Years 79

Months 4

Days 13

If less than one day

hrs. min.

9. Birthplace

London, England

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

Sol Baum

13. Birthplace London, England

14. Maiden name Helen Seidel

15. Birthplace London, England

16. Informant Mr. Daniel Garner

Address Cambridge, Maryland

Burial

Date thereof May 25, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Friendship Chapel Cemetery

Location Baltimore, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. May 25, 1948

(Date rec'd by registrar)

John Macer, M.D.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 117 Locust St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

May 24, 1948, at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 16, 1948, to May 24, 1948,

and that I last saw her alive on May 23, 1948.

Immediate cause of death

Terminal Bronchitis

Pneumonia

Cerebral Hemorrhage

Due to arteriosclerotic CVD

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

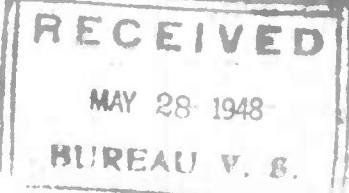
Means of injury

Injured at work?

23. SIGNATURE

Eldridge H. Wagstaff M. D. or other

Address Cambridge, Md. Date signed 5-24-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

04958

Reg. Dist. No. 116

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

Dorchester

City or town

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

50 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

James P. Henry

4. Sex

Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Rosamond Parks

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

50 years

August 31, 1890

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Columbia, Md. RFD

(Town, county, and state)

10. Usual occupation

Sailor, retired

11. Industry or business

MOTHER FATHER

Oscar P. Henry

12. Name

Dear Co. May

13. Birthplace

Leigh Hurley

14. Maiden name

Oscar Co. Md

15. Birthplace

Mrs Rosamond Henry

16. Informant

Address 98 Poplar St., Cambridge

17. Burial

Date thereof 5-18-48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Arlington National

Location

Fort Meyer, Va.

18. Funeral director

Kenneth R. Thomas

Address

Cambridge, Md

19. Date rec'd by Registrar

May 17, 1948 John MacNiel

(Date rec'd by Registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 38 Poplar

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

220-12-2306

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 14 1948 at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

and that I last saw him alive on May 14, 1948.

Immediate cause of death

Obstruction to respiration

Due to

Atherosclerosis 57 years

Due to

Hypertension 56 years

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John MacNiel M. D. or other

Address Cambridge, Md Date signed May 17, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04959
55b
116

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Dorchester
 County.....
 City or town.... Taylors Island
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 74 years
 Hospital, institution, or street address where death occurred: Taylors Island
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.... Maryland County.... Dorchester
 City or town.... Taylors Island
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.... Taylors Island
 (If rural, give LOCATION)
2.(a) If veteran, name war:.....

3. (a) FULL NAME

Rose Hooper

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	C.	married

6.(b) Name of husband or wife..... James H. Hooper
 6.(c) If alive, give age..... 76 years

7. Birth date of deceased (mo., day, yr.) Feb. 7, 1875

8. AGE: Years	Months	Days	If less than one day
75	3	13	hrs. min.

9. Birthplace..... Taylors Island, Md. Dorchester
 (Town, county, and state)

10. Usual occupation..... none

11. Industry or business..... none

12. Name..... Jake Travis

13. Birthplace..... Taylors Island

14. Maiden name..... Matilda Lane

15. Birthplace..... Taylors Island

16. Informant..... Willie E. Hooper

Address..... Taylors Island

17. burial..... Date thereof..... May 23, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Taylors Island M. E.

Location..... Taylors Island

18. Funeral director..... Lewis Bayneum

Address..... 204 Washington St.

May 22, 1948 John MacPhee MD
 (Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 20, 1948, at 1:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 14, 1948, to May 14, 1948,

and that I last saw her alive on May 14, 1948.

Immediate cause of death..... Congestive heart failure

Due to..... Carcinomatosis

Due to..... Primary carcinoma of the Sacrum

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

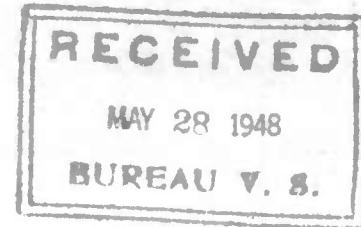
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... John MacPhee MD

M. D. or other..... Date signed..... 5-22-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

108

CERTIFICATE OF DEATH

Reg. Dist. No. 149/116

1. PLACE OF DEATH:

Dorchester

County Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 Years

Hospital, institution, or street address where death occurred:

103 Willis St.

How long in hospital or institution? - - - - -

3. (a) FULL NAME

Adelia Stewart Insley

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife Wesley P. Insley

7. Birth date of deceased (mo., day, yr.) June 20, 1863

6.(c) If alive, give age 81 years

8. AGE: Years	Months	Days	If less than one day
84	10	18	hrs. min.

9. Birthplace Wicomico Co., Maryland

(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

12. Name W. John Stewart

13. Birthplace Maryland

14. Maiden name Martha Messick

15. Birthplace Maryland

16. Informant Mrs. Charles Barnes

Address Cambridge, Maryland.

17. Burial Date thereof May 11, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. May 11-1948 John May Jr. M.D.

Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 103 Willis St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1948 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated: That I attended deceased from

3 MAY 1948 to 8 MAY 1948
and that I last saw her alive on 7 MAY 1948

Immediate cause of death

CARDIAC DECOMPENSATION

DURATION

Due to OLD AGE

Due to

Other conditions PNEUMONIA, Lobar

Left lower lobe 6/30/48
(Include pregnancy within 3 months of death) a.s.

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John May Jr. M.D. M.D. or other

Address 105 Church St. Baltimore Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04961

CERTIFICATE OF DEATH

Reg. Diat. No... 110

1. PLACE OF DEATH:

Dorchester County

City or town Havelock

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

ELLA McDANIEL

4. Sex

female

5. Color or race

C

6.(a) Single, married, widowed, or divorced

MARRIED

6.(b) Name of husband or wife

McDaniel

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Jan. 9, 1909

8. AGE:

Years 39 Months 3 Days 23 If less than one day hrs. min.

9. Birthplace

Ridgely Caroline County

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

George Hobson

13. Birthplace

Baltimore Carroll County

14. Maiden name

Ella Thomas

15. Birthplace

Ridgely Caroline Co.

16. Informant

George Hobson

Address

Havelock Caroline Co. Md.

17. Burial

Date thereof May 5, 1948

(Burial, cremation, or removal. Which?)

Cemetery or crematory

New Chapel

Location

Caroline Talbot Co. Md.

18. Funeral director

Caelus Hoffman

Address

Canton Md.

19. Date signed by registrar

May 5, 1948

Cheslo Hartness

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 2

1948 al. May 2

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1947

1948 to May 2

and the last saw her alive on

May 1948

Immediate cause of death

Hypertonic convulsions

DURATION

1 year

Due to

Due to

Other conditions

Obesity

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W.C. Harrison MD

M. D. or other

Havelock Md.

Date signed 5/3/48

Address



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. *Write clearly*
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

04962

Reg. Dist. No. 116

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

Dorchester

County

Cambridge

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 Years

Hospital, institution, or street address where death occurred:

6 Meadow Ave.

How long in hospital or institution? - - -

3. (a) FULL NAME

Helene Marie Mende

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Widowed

6. (b) Name of husband or wife Max M. Mende

(Died 10/23/1903)

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1859 / 1861

8. AGE: Years Months Days It less than one day
86 6 16 hrs. min.9. Birthplace Hallie (On Salle) Germany
(Town, county, and state)

10. Usual occupation. - - -

11. Industry or business. - - -

12. Name Not Known

13. Birthplace " "

14. Maiden name Not Known

15. Birthplace " "

16. Informant Mr. Gus Mende

Address RFD # 2, Cambridge, Maryland

Burial

Date thereof May 9, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. May 9, 1948 John Mende
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 6 Meadow Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war. - - -

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1948 at 4:30AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 28 1948 to May 7 1948

and that I last saw her alive on May 7 1948

Immediate cause of death Cerebral Hemorrhage

Duration 8 days

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

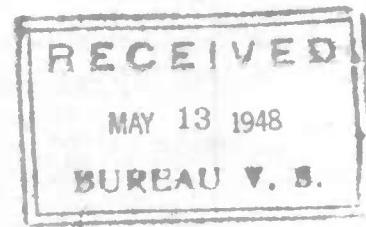
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

John Mende Cambridge Md. M. D. or other

Address Date signed



~~ALL INFORMATION IS UNFADING INK~~
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct are especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04963
186a

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Rural Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 23 days

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 23 days

3. (a) FULL NAME

Sarah Jane Merrick

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

8.(b) Name of husband or wife Alfred Merrick
Deceased

7. Birth date of deceased (mo., day, yr.) April 2nd 1856

8. AGE: Years Months Days If less than one day
92 1 17 hrs. min.9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name William Christopher

13. Birthplace Maryland

14. Maiden name Julia Ann

15. Birthplace Maryland

16. Informant Son: Lloyd Hurst

Address Vienna, Maryland

17. Burial Date thereof May 22 1948
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Cemetery

Location Vienna

18. Funeral director J. B. Willoughby

Address East Main Street

19. Date rec'd by registrar May 21 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Vienna

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19th 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 27 1948 to May 19 1948

and that I last saw her alive on May 19 1948

Immediate cause of death Chronic Myocardial degeneration

Due to Arteriosclerosis

Due to Senility

Other conditions Fractured left femur

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 4/29/48

Where did injury occur? 7th Cambridge Rd (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) E.S. State Hosp

Manner of injury Fall Injured at work?

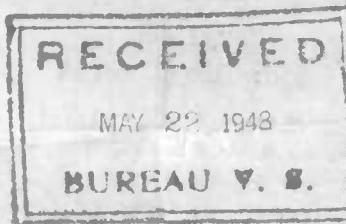
23. SIGNATURE Grace M. Beers, M.D. M. D. or other

Address 186a, Vienna, Md Date signed 5/19/48

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age
is especially important. Physicians, please write the causes of death clearly and briefly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04964

CERTIFICATE OF DEATH *97*

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

228 Robbins St.

How long in hospital or institution?

3. (a) FULL NAME

Sarah Virginia Mills

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

William W. Mills

(Died-8/25/1943)

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1861

8. AGE:

Years
86Months
5Days
13If less than one day
hrs. min.9. Birthplace Bishops Head, Dor. Co., Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Thomas H. Todd

13. Birthplace Maryland

14. Maiden name Amelia Todd

15. Birthplace Maryland

16. Informant Mrs. Granville Pritchett

Address Cambridge, Maryland.

17. Burial

Date thereof May 16, 1948
(Burial, cremation, or removal. Which?)
(month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Date rec'd by registrar May 16, 1948 John Mauj MD
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 228 Robbins St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13, 1948, at 1:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 13, 1948, to Jan 17, 1949
and that I last saw her alive on *January 17, 1949*

Immediate cause of death

arterio-sclerotic

DURATION

1 yr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

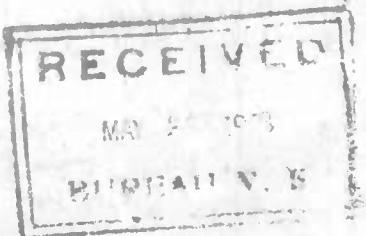
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. H. Tardie
M. D. or other
Address *Bethesda, Md.* Date signed *May 15/48*



M
Age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04965

CERTIFICATE OF DEATH

Reg. Dist. No. 112.

1. PLACE OF DEATH:

County Dorchester Co

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

all life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

femaleSingle

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

May 131944

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

infant

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

Date signed

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty Dorchester

City or town

Vienna, R.D.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 21 1948

19

10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18th. 1948 19... to May 18th. 1948 19... a 19... 48.and that I last saw her alive on May 18th. 1948.Immediate cause of death Lobar Pneumonia.

19...

3 days.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Edward E. Lamkin

M. D. or other

Edward E. Lamkin, M.D.

Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04966
552

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County... Dorchester

City or town... Federalsburg - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1/2

Hospital, institution, or street address where death occurred: Federalsburg - Preston Road

How long in hospital or institution?

3. (a) FULL NAME

Oliver Tindley Newcomb

4. Sex

5. Color or race

Male

Colored

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife.

7. Birth date of deceased (mo., day, yr.)

February 14, 1929

6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

19

3

0

hrs.

min.

9. Birthplace.....

Dorchester County, Maryland

(Town, county, and state)

10. Usual occupation

Day Laborer

11. Industry or business

Farm

FATHER

12. Name.....

James Newcomb

MOTHER

13. Birthplace.....

Caroline County, Maryland

14. Maiden name.....

Catherine Corrigan

15. Birthplace.....

Dorchester County, Maryland

16. Informant.....

Mrs. Catherine Newcomb

Address.....

Federalsburg, Maryland, R.R.D.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof. May 17, 1948

(month) (day) (year)

Cemetery or crematory.....

John's Cemetery

Location.....

Near Preston, Maryland

18. Funeral director.....

J. J. Trumpton & Son

Address.....

Federalsburg, Maryland

May 17 - 1948

(Date rec'd by registrar)

Charles Hastings

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland

County... Dorchester

City or town... Federalsburg - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No... Federalsburg - Preston Road

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 14 1948, at 8:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 12, 1948, to May 18, 1948

and that I last saw h.a.m. alive on May 18, 1948

Immediate cause of death.....

Lymphosarcoma

DURATION

6 months

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Biopsy of lymph glands

Lymphosarcoma

Date of op. April 15, 1948

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

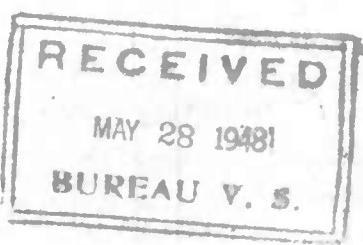
23. SIGNATURE.....

George M. Anderson M.D.

M. D. or other

Address... Federalsburg, Maryland

Date signed. May 17, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04967
93d

CERTIFICATE OF DEATH.

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years 10ms. 17ds

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

Now long in hospital or institution? 2 yrs. 10mos. 17 ds

3. (a) FULL NAME

Eudora Parvis

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

(unknown) 1871

6.(c) If alive, give age..... years

8. AGE:

Years 77

Months

Days

If less than one day

hrs.

min.

9. Birthplace.....

Queen Anne's County

(Town, county, and state)

10. Usual occupation.....

none

11. Industry or business

MOTHER FATHER

George Washington Parvis

13. Birthplace

Queen Anne's County

14. Maiden name.....

unknown

15. Birthplace

16. Informant.....

Hospital Records

Address

Cambridge, Maryland

17. Burial, cremation, or removal. Which?

Burial Church Heel

Date thereof May 26-48
(month) (day) (year)

Cemetery or crematory

Church Heel

Location

Maryland

Barton Bros

18. Funeral director

Address

Centreville Maryland

May 24-48 John Meier

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County.....

Queen Anne's

Centreville

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23

19. 48 at 12 noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 6 19. 45 to May 23 19. 48

and that I last saw her alive on May 23 19. 48

Immediate cause of death.....

Arteriosclerotic cardiovascular disease

Due to.....

Senility

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

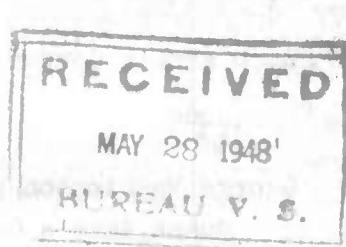
Means of injury.....

Injured at work?

23. SIGNATURE.....

Guy L. Parvis
M. D. or other
Address..... Cambridge, Md
Date signed..... 5/23/48

1681
LL
1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04968

131a

Reg. Dist. No. 116

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

Dorchester

City or town

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Cambridge Md. Hospital

Hospital, Institution, or street address where death occurred:

26 days

How long in hospital or institution?

3. (a) FULL NAME

Lemire M. Paul

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

white

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

April 9, 1884

8. AGE:

Year

Months

Days

If less than one day

64

1

14

hrs. min.

1

0

9. Birthplace

Golden Hill, Md.

(Town, county, and state)

10. Usual occupation

Shoe Repairman

11. Industry or business

Stuart Paul

12. Name

Mar Co.

13. Birthplace

Julia McGrath

14. Maiden name

Mar Co.

15. Birthplace

Mrs. Maine Garrett

16. Informant

226 Race St. Cambridge Md

Address

Burial

Date thereof
(month) (day) (year)
5 - 25 - 48

(Burial, cremation, or removal. Which?)

Cemetery

Starvin M. E. Cemetery

Location

Soeddy Hill

18. Funeral director

Kenneth R. Shores

Address

Cambridge, Md

May 26, 1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

2D. DATE OF DEATH

May 23 - 1948 at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 6, 1948, to May 23, 1948

and that I last saw him alive on

Immediate cause of death

Hemorrhage

Hemorrhage

DURATION

17 days

Due to Hypertensive cardiac vascular

Arterial disease

Unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

13. SIGNATURE L. O. Meredith

Address Cambridge, Maryland

M. D. or other

Date signed May 24, 1948

RECEIVED
MAY 28 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In case of death clearly and legibly.
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

108
04969

Reg. Dist. No.

116

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

12 Glasgow St.

How long in hospital or institution?

3. (a) FULL NAME

Mary Jane Robbins

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Widowed

6.(b) Name of husband or wife

James Robbins

Died 1899

6.(c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

Oct. 17, 1859

8. AGE:

Years
88Months
7Days
6If less than one day
hrs. min.

9. Birthplace

Hills Point, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name William S. Cook

13. Birthplace Maryland

14. Maiden name Sallie Ann Cook

15. Birthplace Maryland

16. Informant Mr. Frank Robbins

Address Cambridge, Maryland

17. Burial Date thereof May 25, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cambridge Cemetery

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Date rec'd by Registrar May 26, 1948

(Date rec'd by Registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.

12 Glasgow St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

May 23, 1948, at 7:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5/15 1948 to 5/23 1948

and that I last saw her alive on 5/23 1948

Immediate cause of death

Myocardial failure

DURATION

24 hours

Due to

Toxemia of
St. Louis Pneumonia

7:55 A.M.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John Masey MD
Cambridge, Md. M. D. or other
Address Date signed

M. D. or other

Date signed

RECEIVED

MAY 28 1948

FEDERAL BUREAU OF INVESTIGATION

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

948

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
 County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 10 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester
 City or town..... Cambridge R.S.D.
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION) house

3. (a) FULL NAME *G. Theodore Robinson*

3. (b) Social Security Number

4. Sex Male 5. Color or race white Married
 6. (b) Name of husband or wife Delma Neal

7. Birth date of deceased (mo., day, yr.) July 17 1920
 6. (c) If alive, give age 25 years

8. AGE: Years 27 Months 9 Days 24 Il less than one day
 hrs. min.

9. Birthplace Fishing Creek, Md.
 (Town, county, and state)

10. Usual occupation Foreman, Food Canning

11. Industry or business Gorham Robinson

MOTHER FATHER 12. Name Dair Co.
 13. Birthplace Dor Co.

14. Maiden name Berlie Phillips

15. Birthplace Dor Co.

16. Informant Mrs. Delma N. Robinson

Address Cambridge, MD. R.S.D. 2

17. Burial Date thereof 5-13-48
 (Burial, cremation, or removal. Which?) month (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Md.

18. Funeral director Kenneth R. Thomas

Address Cambridge, Md

19. 5-14-1948 John Meekins
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1948 at 9:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 11 1948 to May 11 1948
 and that I last saw him alive on May 11 1948

Immediate cause of death Angina Pectoris
 Due to:

Due to: —
 Other conditions Bronchial Asthma, Influenza

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

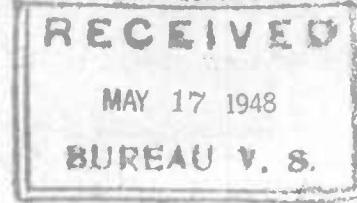
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. K. Shireen, M.D. M. D. or other

Address Cambridge, Md. Date signed May 14/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04971
116

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

10 yrs.

How long in above place of death?

Hospital, institution, or street address where death occurred:

10 Park Lane

How long in hospital or institution?..... X

3. (a) FULL NAME

Ida Smith

4. Sex

5. Color or race

female

colored

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife.....

Samuel Smith

7. Birth date of deceased (mo., day, yr.)

1873

X X

6. (c) If alive, give age..... years

8. AGE: Years

75?

Months

X

Days

X

If less than one day

hrs.

min.

9. Birthplace.....

Penn.

(Town, county, and state)

10. Usual occupation.....

none

11. Industry or business.....

X X

MOTHER FATHER

12. Name.....

unknown

X X

13. Birthplace.....

unknown

X X

14. Maiden name.....

unknown

15. Birthplace.....

X X

16. Informant.....

William Robinson

Address

10 Park Lane Cambridge, Md.

17. Burial!

Date thereof.....

(Burial, cremation, or removal, if any?)

(month) (day) (year)

Cemetery or crematory

Worrell Cemetery

Location

Cambridge, Md.

18. Funeral director.....

Herbert S. Clark Jr.

Address

Cambridge, Md.

19. Date rec'd by registrar

June 1, 1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County.....

Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 10 Park Lane

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

May 29

1948

at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X X

10.

to X X

19.

and that I last saw him alive on

X X

Immediate cause of death.....

Disease of Coronary Arteries

DURATION

Sudden Death

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE

M.D. or other

Address..... Cambridge, Md. Date signed..... May 31/48

MARGIN RESERVED FOR BINDING

Please write plainly, with unfading ink. Supply every item of information carefully. Use correct age.

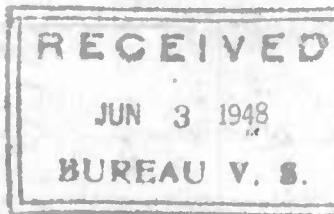
is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15 M

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page
for medical record. Reportant Physicians please write the causes of death clearly and briefly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04972

CERTIFICATE OF DEATH

93d
Reg. Distr. No. 116

1. PLACE OF DEATH:

County... DorchesterCity or town... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs., 10 mos., 18 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 2 yrs., 10 mos., 18 days

3. (a) FULL NAME

Mary Estella Smith4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) November 25, 18648. AGE: Years 83 Months 6 Days If less than one day hrs. min. 9. Birthplace Cecilton, Cecil County, Maryland
(Town, county, and state)10. Usual occupation. none

11. Industry or business

12. Name George Taylor13. Birthplace Cecil County, Maryland14. Maiden name Mary Estella Taylor15. Birthplace Maryland16. Informant Eastern Shore State Hospital Records.Address Cambridge, Maryland17. Burial Date thereof May 28 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CeciltonLocation Cecilton Md.18. Funeral director H. W. Pippin & Son T. A. GandyAddress Elkton Md.19. May 25 1948 John M. Jr. M.D.
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CecilCity or town Chesapeake City

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25, 1948 at 6:15 a.m.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 7, 1945 to May 25, 1948and that I last saw her alive on May 25, 1948Immediate cause of death Chronic myocarditis and myocardial degeneration

Due to.....

DURATION
more
than
3 yrs.

Due to.....

Other conditions blindnesssenile psychosis

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

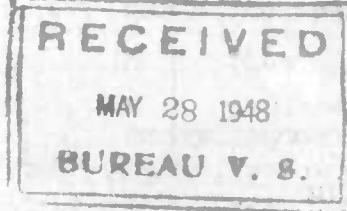
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Grace M. Branscombe, M.D. or otherAddress E.S.S.H., Cambridge, Md. Date signed 5/25/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04973

Reg. Dist. No. 16

1. PLACE OF DEATH:
County.....
City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....
Hospital, institution, or street address where death occurred.....

Cambidge Hospital

How long in hospital or institution?.....

3. (a) FULL NAME
Lorraine B. Stack

4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced.....

Female White Married

6.(b) Name of husband or wife.....
Charles Stack

6.(c) If alive, give age..... 63 years

7. Birth date of deceased (mo., day, yr.).....
Feb. 12, 1893

8. AGE: Years..... Months..... Days..... If less than one day.....

55 3 9 hrs..... min.....

9. Birthplace.....
(Town, county and state)
Federalsburg Caroline, Md.

10. Usual occupation.....
Housewife

11. Industry or business.....

12. Name.....
Arthur Stack

13. Birthplace.....
Bridgeton Cowl.

14. Maiden name.....
Elizabeth Veillard

15. Birthplace.....
Freeland

16. Informant.....
Charles Stack

Address.....
Burlock, Md.

17. Burial.....
(Burial, cremation, or removal Which?)
Date thereof.....
(month) (day) (year)
5/13/48

Cemetery or crematory.....
Washington

Location.....
Burlock Md

18. Funeral director.....
J.B. Willowby

Address.....
East Main Market

19. Date rec'd by registrar.....
May 13. 1948

Registrar.....
John Macdonald

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State.....
Md. County.....
Dorchester

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....
May 17. 1948

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Apr 21, 1948 to *May 11, 1948*

and that I last saw her alive on *May 11, 1948*

Immediate cause of death.....
Cerebral Hemorrhage

Due to.....
Hypertension

Due to.....

Other conditions.....
Neurological

Weakness

(Include pregnancy within 8 months of death)

Major findings of operations.....
None

Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE.....
W. J. Conner

M. D. Father

Date signed.....
May 13. 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04974
95C

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County... Dorchester

City or town... Fishing Creek

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 Years

Hospital, Institution, or street address where death occurred:

Home-Fishing Creek

How long in hospital or institution? - - -

3. (a) FULL NAME

Daniel Robert Tall

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Elba Flowers

7. Birth date of deceased (mo., day, yr.)

Jan. 14, 1884

6.(c) If alive, give age 57 years

8. AGE:

Years 64

Months 4

Days 0

If less than one day

hrs. min.

9. Birthplace

Lakesville, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation

Blacksmith

11

11. Industry or business

John T. Tall

MOTHER FATHER

Maryland

MOTHER

Isabella Cannon

FATHER

Maryland

16. Informant

Mrs. Elba F. Tall

Address Fishing Creek, Maryland

17. Burial

Date thereof May 16, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Hoosier Memorial Cemetery

Location Fishing Creek, Maryland.

18. Funeral director

LeCompte's Funeral Service

Address Camb ridge, Maryland.

19. May 15 1948
(Date rec'd by registrar)James J. Meade
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Fishing Creek

(If outside city or town limits, write RURAL and give nearest town)

Street No. Fishing Creek

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14, 1948, at 3 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 12 1948, to May 14 1948,

and that I last saw h. m. alive on May 13 1948.

Immediate cause of death

Sclerosis of lungs

DURATION

5 yrs.

Due to Bronchitis Asthma

10 yrs.

Due to

Other conditions Cardiac decompensation 2 days

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James J. Meade M.D.

or other

Address Cambridge MD Date signed May 15/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04975

111

Reg. Dist. No. 92d

1. PLACE OF DEATH:

County

Rochester

City or town

Market

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

60 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Alice Taylor

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

deceased

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Nov 13, 1863

6. (c) If alive, give age years

8. AGE:

84

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

Dover Work

10. Usual occupation

Same

11. Industry or business

Lyon's Flock

12. Name

FATHER

Lydia Flock

13. Birthplace

Gide Grove

14. Maiden name

Sarah Lewis

15. Birthplace

Caroline Co.

16. Informant

Mr. S. D. Flock

Address

Vienna, Md

17. Burial

(Burial, cremation, or removal, which?)

Burial

Date thereof (month) (day) (year)

May 19, 1948

Cemetery or crematory

Bemetered

Location

East New Market

18. Funeral director

F. B. McCloud

Address

East New Market

19. Date rec'd by registrar

May 18, 1948

(Date rec'd by registrar)

Elizabeth C. Smith

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town East New Market

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 17 1948 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr 25 1948 to May 16 1948

and that I last saw her alive on May 16 1948

Immediate cause of death

Heart disease, valvular degeneration

Due to

Senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

23. SIGNATURE

M. D. or other

Address

Date signed

